

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DEVICE FOR THE ANALGESIC IMMOBILISATION OF BROKEN RIBS
Attorney Docket Number::	9007-1014
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	6
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWITZERLAND
Status:: Full Capacity
Given Name:: KALMAN
Middle Name::
Family Name:: BOLLA
Name Suffix::
City of Residence:: NEUHAUSEN AM RHEINFALL
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing RABENFLUHSTRASSE 25
Address::
City of Mailing Address:: NEUHAUSEN AM RHEINFALL
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: CH-8212

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/CH2004/000109	3/1/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWITZERLAND	328/03	3/3/03	Yes

Assignment Information

Assignee Name:: CHRISOFIX AG
Street of Mailing RABENFLUHSTRASSE 25
Address::
City of Mailing Address:: NEUHAUSEN
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: CH-8212